

STATE OF HAWAII  
Department of Accounting and General Services  
Division of Public Works  
**MONTHLY ESTIMATE**

FOR THE MONTH OF MAY 2014

Date: May 29, 2014

CONTRACTOR: Commercial Electric, Inc.

ADDRESS: 1010 Paapu Street

City, State ZIP: Honolulu, HI 96819

Contract No. 60030

DAGS Job No. 12-20-2642

PROJECT TITLE: Hawaii State Hospital Various Locations, Replace Transformers & Switchgear

**CONTRACT**

Basic Contract Amount \$ 760,000.00

**FOR INSPECTION BRANCH USE**

☐ SUBMITTAL REGISTER ☐ COMMENCEMENT REQUIREMENTS

**DUE MONTHLY:**

☐ PROJECT SCHEDULE

☒ DAILY REPORTS

☒ PAYROLL AFFIDAVIT

**MONTHLY ESTIMATE CHECKLIST**

☒ CONTRACT NUMBER

☒ PROJECT NAME AND LOCATION

☒ ALL SIGNATURES

☐ AS NEED - WASTE REDUCTION PROGRESS REPORT

**SPECIALTY / MISC:**

☐ AIR CONDITION ACCEPTANCE ☐ PAINT ACCEPTANCE

**CHANGE ORDERS**

Total \$ 160,728.00

Adjusted Contract Amount \$ 920,728.00

**WORK ACCOMPLISHED**

**Basic Contract**

**Change Order**

**Total**

Completed to Date 98.32% \$ 747,200.00 100.00% \$ 160,728.00 \$ 907,928.00

Retained REDUCED ☐ \$ 37,360.00 \$ 8,036.00 \$ 45,396.00

Amount Subject to Payment \$ 709,840.00 \$ 152,692.00 \$ 862,532.00

Payments to Date \$ 661,188.00 \$ 144,164.00 \$ 805,352.00

Payments Now Due \$ 48,652.00 \$ 8,528.00 \$ 57,180.00

Payment No. FINAL ☐ 11

Remarks: For projects already Accepted and/or Completed, delete Statement Of Contract Time and add.

FOR OFFICE USE ONLY

☐ Project Acceptance Date

☐ Project Completion Date

2. I certify that the above bill is correct, just, that payment has not been received, and all payroll affidavits have been submitted, are current, or proper deductive exclusions have been made to this request; and least 80% of our workforce resides in Hawaii ☐ As a preferred contractor, I have submitted all apprenticeship approval forms.

1. Computed and Checked by

3. Recommended

Project Inspector or Engineer

Date:

4. Recommended

Area Engineer/Architect

Date:

5. Approved

Branch Chief or District Engineer

Date:

The Public Works Administrator certifies that change orders have been issued and the work performed.

State Public Works Administrator

Date:

Commercial Electric, Inc.

Name of Contractor

Nick W. Teves, Jr.

By signature / Title:

5/29/14

Date

### BASIC CONTRACT - PRIME & SUB CONTRACTOR RETAINAGE CALCULATION

**STATE OF HAWAII**  
**Department of Accounting and General Services**  
**Division of Public Works**

For the Month of: MAY 2014

<b>CONTRACTOR:</b>	<b>Commercial Electric, Inc.</b>	<b>Contract No.: 60030</b>
<b>PROJECT TITLE:</b>	<b>Hawaii State Hospital Various Locations, Replace Trans</b>	<b>DAGS Job No.: 12-20-2642</b>

CLOSED			<u>LICENSE</u>	<u>BASIC CONTRACT</u>	<u>COMPL.</u>	<u>%</u>	<u>RETN</u>	<u>CONTRACT</u>
	<u>PRIME CONTRACTOR</u>	<u>TRADE</u>	<u>NO.</u>	<u>AMOUNT</u>	<u>TO DATE</u>	<u>CMPL</u>	<u>%</u>	<u>AMOUNT</u>
								<u>RETAINED</u>
	Commercial Electric, Inc.	General Contractor	C-7215	\$724,600	\$711,800	98 23%	5%	\$35,590 A

<u>SUBCONTRACTOR</u>	<u>TRADE</u>	<u>LICENSE NO.</u>	<u>BASIC SUB-CONTRACT AMOUNT</u>	<u>COMPL. TO DATE</u>	<u>% COMPL</u>	<u>RETN %</u>	<u>SUB- CONTRACT AMOUNT RETAINED</u>
Quality General	Concrete/Masonry	ABC-13362	\$35,400	\$35,400	100.00%	5%	\$1,770
					#DIV/0!	10%	\$0
					#DIV/0!	10%	\$0
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					#DIV/0!	10%	\$0
					#DIV/0!	10%	\$0
Total Retained from Subs			\$35,400	\$35,400			\$1,770

	\$760,000	\$747,200
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BASIC CONTRACT - RETAINED FROM PRIME AND SUBS (A+B)	\$37,360
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I certify that the above retentions are correct for this request.

**Nick W. Teves, Jr., President**

Name of Contractor

**By Signature**

5/29/14

Date \_\_\_\_\_

Checked/Verified by:

Initial - Project Inspector or Engineer

**NOTE:**  
Columnar totals shall be equal in dollar value to that on  
the Monthly Estimate Sheet

### CHANGE ORDER - PRIME & SUB CONTRACTOR RETAINAGE CALCULATION

**STATE OF HAWAII**  
**Department of Accounting and General Services**  
**Division of Public Works**

For the Month of: MAY 2014

<b>CONTRACTOR:</b>	<b>Commercial Electric, Inc.</b>	<b>Contract No.: 60030</b>
<b>PROJECT TITLE:</b>	<b>Hawaii State Hospital Various Locations, Replace Tran</b>	<b>DAGS Job No.: 12-20-2642</b>

CLOSED	PRIME CONTRACTOR	TRADE	LICENSE NO.	CHANGE ORDER AMOUNT	COMPL. TO DATE	% CMPL	RETN %	CHANGE ORDER AMOUNT RETAINED
	Commercial Electric, Inc.	General Contractor	C-7215	\$160,728	\$160,728	100.00%	5%	\$8,036

[illegible]

	\$160,728	\$160,728
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CHANGE ORDER CONTRACT - RETAINED FROM PRIME AND SUBS (A+B)	\$8,036
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I certify that the above retentions are correct for this request.

**Nick W. Teves, Jr., President**

Name of Contractor

Checked/Verified by:

A. H.

Initial - Project Inspector or Engineer

**By Signature**

5/29/14

Date \_\_\_\_\_

**NOTE:**  
Columnar totals shall be equal in dollar value to that on  
the Monthly Estimate Sheet

**STATE OF HAWAII**  
**DEPARTMENT OF ACCOUNTING AND GENERAL SERVICES**  
**DIVISION OF PUBLIC WORKS**  
**Monthly Payment Slip**

**PAYMENT NO.:** 11

**PROJECT TITLE:** HAWAII STATE HOSPITAL - VARIOUS LOCATIONS, REPLACE TRANSFORMERS & SWITCHGEAR

**BILLING MONTH:** May-14

**DAGS JOB NO.:** 1 2-20-2642

**CONTRACT NO.:** 60030

**CONTRACTOR:** COMMERCIAL ELECTRIC INC.

**VENDOR CODE:** 270400

<b>Original Contract Payment</b>		Suffix: 1, 3			
<u>Suffix</u>	<u>Fund Symbol</u>		<u>Amount Earned</u>	<u>Retainage</u>	<u>Amount Due</u>
03	B09-408M		\$49,350.00	\$698.00	\$48,652.00
		<b>Totals:</b>	\$49,350.00	\$698.00	\$48,652.00
<b>Change Order Payment</b>		Suffix: 2, 4, 5, 6			
<u>Suffix</u>	<u>Fund Symbol</u>		<u>Amount Earned</u>	<u>Retainage</u>	<u>Amount Due</u>
06	B08-406M		\$8,977.00	\$449.00	\$8,528.00
		<b>Totals:</b>	\$8,977.00	\$449.00	\$8,528.00
		<b>Grand Total:</b>	\$58,327.00	\$1,147.00	\$57,180.00

Verified By

DATE

(This Section for Administrative Services Office Use Only)

Vendor Code 270400

Cost Code 3A1

Voucher No. 8023 N 07

Verified By

AUG -6 2014